

Event Date	7/16/14
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full David Young for Judge Committee				
Full Name of Contributor Kristeen K Parizek			Registration Number, if PAC	
Street Address 6152 Holywell Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 4	Amount 75.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor James J Andrioff			Registration Number, if PAC	
Street Address 22 E Gay St, Ste 400	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Tyack Blackmore Liston & Nigh Co LPA			Registration Number, if PAC	
Street Address 536 S High St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Crabbe Brown & James			Registration Number, if PAC	
Street Address 500 S Front St, Ste 1200	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Cecil & Geiser LLP			Registration Number, if PAC	
Street Address 495 S High St, Ste 400	Employer/Occupation/Labor Organization*		M D Y 0 7 1 9 1 4	Amount 400.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor John H Bates			Registration Number, if PAC	
Street Address 495 S High St, Ste 400	Employer/Occupation/Labor Organization*		M D Y 0 8 0 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Barney Debrosse LLC			Registration Number, if PAC	
Street Address 503 S Front St, Ste 240B	Employer/Occupation/Labor Organization*		M D Y 0 8 0 4 1 4	Amount 140.74
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. (R.C. 3517.10(B)(4))

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,165.74